

Dear DC 401(a) Retirement Plan Participant:

You have recently contacted ING and requested a Distribution Package for the DC 401(a) Retirement Plan. Before completing the necessary forms, we recommend that you read the enclosed Special Tax Notice Regarding Payments.

Please give careful consideration to your decision to withdraw funds from the plan. Once processed, your distribution cannot be returned or cancelled.

If you wish to apply for a distribution at this time, please follow the instructions below:

- Read the enclosed documents carefully. It is important that you understand the terms and conditions that apply to taking a distribution from your account.
- If you have questions regarding the documentation or the options available to you, please contact a Participant Service Representative through the DC 401(a) Retirement Plan Information Line at 1-866-772-4012, Monday through Friday 8 a.m. to 8 p.m. EST.
- Sign and date the Distribution Form.
- Sign and date the Spousal Consent Form. Please note that where applicable, your spouse must sign and date this form in the presence of a Notary Public.
- Deliver or mail the forms to your DC Department of Human Resources for signature and verification. Your DC Department of Human Resources corresponds to the last department by whom you were employed. (Note: If an initial partial distribution has been made, please mail distribution forms directly to ING.)
- Once signature and verification are received from the DC Department of Human Resources, deliver or mail all of the enclosed forms, along with a copy of your Personnel Separation Action
   Form (Form 1 or Form-50), to the DC Department of Human Resources at the below address. The DC Department of Human Resources will provide final approval.

DC 401(a) Retirement Plan DC Department of Human Resources (DCHR) 441 4<sup>th</sup> Street NW Suite 340 North Washington, DC 20001

(Note: If an initial partial distribution has been made, you do not need to go through your DC Department of Human Resources for signatures again. In this case, just provide your own signatures and mail distribution forms directly to ING.)

ING Attn: DC Plan Administration P.O. Box 5179 Boston, MA 02206-5179



ING will receive your approved application from the District and it will be reviewed by the plan processing team. If in good order, it will be processed and a check will be mailed out within seven to ten business days. If there is a problem with your request, you will be notified in writing as to the steps necessary to correct the form or documentation. If your request is denied, you will be notified of the denial in writing.

Please make a copy of these documents for your own records. If you have questions please contact the DC 401(a) Retirement Plan Information Line at 1-866-772-4012, Monday through Friday 8 a.m. through 8 p.m. EST.

Sincerely ING Plan Administration



# DC 401(a) Retirement Plan Distribution Form

| PAR               | TICI  | IPANT INFORMATION                              |                 |                        |               |                    |                       |  |
|-------------------|---|--|-----------------|------------------------|---------------|--------------------|-----------------------|--|
| Participant Name  |   |  |                 | Social Security Number |               |                    | Date of Birth         |  |
| Home Addréss City |   |  | City            |                        | State         |                    | ZIP Code              |  |
| Plan N<br>DC 40   |   | RETIREMENT PLAN                                |                 |                        | Work Tele     | I<br>ephone Number | Home Telephone Number |  |
|                   |   |  |                 |                        | M1            |                    |                       |  |
| DIST              | RIB   | UTION OPTIONS - CHOOSE ONE                     |                 |                        |               |                    |                       |  |
|                   | l el  | ect to transfer funds in the Plan to an IRA or | other qualifi   | ied plan (Pleas        | se fill out D | irect Rollover     | Election section.)    |  |
|                   | I elect to receive a lump sum distribution in cash of all funds in the Plan. I understand that by law, 20% will be withheld from the taxable portion of the distribution. |  |                 |                        |               |                    |                       |  |
|                   | l el  | ect to initiate an Installment Schedule (Pleas | se fill out Ins | tailment Sched         | dule Section  | on.)               |                       |  |
|                   | i el  | ect to receive a Partial Lump Sum Distributio  | on of \$        |                        | prorated a    | cross all fund     | s.                    |  |
|                   |   |  |                 |                        |               |                    |                       |  |
|                   |   |  |                 |                        |               |                    |                       |  |
| INST              | ALL   | MENT SCHEDULE                                  |                 |                        |               |                    |                       |  |
| a)                | Fre   | equency:                                       |                 |                        |               |                    |                       |  |
|                   | Process my Installment Payment on or near the:  |  |                 |                        |               |                    |                       |  |
|                   | □   | 1 <sup>st</sup> of the month                   |                 |                        |               |                    |                       |  |
|                   |   | 15 <sup>th</sup> of the month                  |                 |                        |               |                    |                       |  |
| b)                | Duration:   |  |                 |                        |               |                    |                       |  |
|                   |   | Fixed time period of years OR                  |                 |                        |               |                    |                       |  |
|                   |   | Throughout My Life Expectancy (Uniform L       | ife Expectar    | ncy) OR                |               |                    |                       |  |
|                   | ☐ Throughout the Joint Life Expectancy of Myself and My Spouse (Joint and Last Survivor Life Expectancy) OR   |  |                 |                        |               | Expectancy) OR     |                       |  |
|                   |   | Fixed Dollar Amount \$ to be wi                | ithdrawn unti   | il the balance         | of my acco    | ount is deplete    | d                     |  |

| For Lump Sum distributions or Installment payments of less than 10 years, a minimum of 20% Federal Tax withholding is required and will be automatically withheld. You may request additional withholding below:  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| ☐ Change to\$ Federal Tax withholding (Must be greater than 20%)  |   |  |  |  |  |  |
| For periodic payments that are scheduled for 10 years or greater, 10% Federal Tax will be automatically withheld un you specify a withholding amount below:   | For periodic payments that are scheduled for 10 years or greater, 10% Federal Tax will be automatically withheld unless you specify a withholding amount below: |  |  |  |  |  |
| Other (Please indicate amount)\$ (You may choose from an amount greater than the 10% that is automatically withheld)  |   |  |  |  |  |  |
| For State Tax withholding, please indicate the percentage you would like withheld and the state to which this withhol applies. Please note that State Tax withholding does not apply to the District of Columbia.   | ding  |  |  |  |  |  |
| ☐ Change to% State Tax Withholding ☐ Please indicate state:   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| DIRECT ROLLOVER ELECTION  |   |  |  |  |  |  |
| ☐ Direct Rollover ☐ \$OR ☐ Maximum Available  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Payable to Trustee for:   |   |  |  |  |  |  |
| Type of Plan (check one):   |   |  |  |  |  |  |
| Name of Financial Institution Mailing Address   | Mailing Address   |  |  |  |  |  |
| Account Number Administrator Name (please print)  |   |  |  |  |  |  |
| Administrator Signature Date  |   |  |  |  |  |  |
| The rollover check will be made payable to the financial institution or plan name you have referenced above and sent directly to you. It is your responsibility to forward the check, along with any other required documentation to the financial institution for processing. If you have elected to rollover all or a portion of your account to a single or multiple ING IRA accounts, your rollover disbursement (s) will not be considered in good order and cannot be processed until all of your new accounts are established. |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| JOINT AND LAST SURVIVIOR LIFE EXPECTANCY ELIGIBILITY  |   |  |  |  |  |  |
| The use of the Joint and Last Survivor Life Expectancy Table is limited to participants whose spouse is more than ten years younger than the participant and the spouse is the beneficiary of record. If you have selected benefit payments on the Joint and Last Survivor Life Expectancy Table, please complete the following:  |   |  |  |  |  |  |
| Spouse's Name Spouse's Social Security Number   |   |  |  |  |  |  |
| Spouse's Date of Birth  |   |  |  |  |  |  |

| PARTICIPANT AUTHORIZATION  |                            |               |  |  |  |  |
|--|----------------------------|---------------|--|--|--|--|
| I understand I have the right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 days and no more than 90 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30 day minimum notice period, this election shall constitute a waiver of my rights to the 30 day notice requirement. I attest that the information provided on this form is true and that I have received and read the Special Tax Notification. I understand that I may be subject to civil and criminal liability for any false statement on this form or any papers attached to or related to this form or my claim under the Plan. |                            |               |  |  |  |  |
| Signature of Participant   | Date                       | •:            |  |  |  |  |
| Signature of Fantisipant   | Buto                       |               |  |  |  |  |
|  |                            |               |  |  |  |  |
| DCHR AUTHORIZATION   | P                          |               |  |  |  |  |
| Termination Event Date:  | Agency Name Last Employed: | DC RBCD Date: |  |  |  |  |
| Withdrawal Reason:   |                            |               |  |  |  |  |
| ☐ Termination ☐ Retireme   | nt                         |               |  |  |  |  |
| SPO Vesting Verification:  |                            |               |  |  |  |  |
| ☐ Check Here if Participant is NOT Vest  | ted                        |               |  |  |  |  |
|  |                            |               |  |  |  |  |
| Government of the District of Columbia SPO   | O Signature                | Date          |  |  |  |  |
| DC OFFICE OF Human Resources   |                            |               |  |  |  |  |
| I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:  (a) the requested benefits are permitted by the Plan; and  (b) I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this form.   |                            |               |  |  |  |  |
| Government of the District of Columbia Authorized Plan Representative Signature Date   |                            |               |  |  |  |  |
|  |                            |               |  |  |  |  |
| Once signature and verification are received from the D. C. Department of Human Resources (DCHR), deliver or mail all of the enclosed forms, along with a copy of your Personnel Separation Action Form (Form 1 or Form 50), to DCHR at the DC Office of Personnel (DCOP) at the below address. The DC Office of Personnel will provide final approval:  DC 401(a) Retirement Plan DC Office of Human Resources 441 4 <sup>th</sup> Street NW Suite 340 North Washington, DC 20001   |                            |               |  |  |  |  |
| (Note: If an initial partial distribution has been made, you do not need to go through your SPO and DCOP to get signatures again. In this case, just provide your own signatures and mail distribution forms directly to ING.)   |                            |               |  |  |  |  |
| ING Attn: DC Plan Administration P.O. Box 5179   |                            |               |  |  |  |  |

| Boston. | MA | 02206-5 | 179 |
|---------|----|---------|-----|
|---------|----|---------|-----|



# DC 401(a) Retirement Plan Direct Deposit Form

| PARTICIPANT INFORMATION                                     |      |                        |        |               |  |  |
|---|------|------------------------|--------|---------------|--|--|
| Participant Name  |      | Social Security Number |        | Date of Birth |  |  |
| Home Address  | City | <del>/</del>           | State  | ZIP Code      |  |  |
|   |      |                        |        |               |  |  |
| Plan  | 1.0  | Home Telephone         | Number |               |  |  |
| DIRECT DEPOSIT  |      |                        |        |               |  |  |
| BANK INFORMATION:   |      |                        |        |               |  |  |
| Bank/Credit Union Name:                                     |      |                        |        |               |  |  |
| Check only one:   Checking Account   Savings Account        |      |                        |        |               |  |  |
| Account Number:   |      |                        |        |               |  |  |
| *   |      |                        |        |               |  |  |
| ABA Number (First Nine Digits only) :////////:              |      |                        |        |               |  |  |
| Note: Your ABA number appears at the bottom of your checks. |      |                        |        |               |  |  |
|   |      |                        |        |               |  |  |
| AUTHORIZATION   |      |                        |        |               |  |  |
| I acknowledge I have read the enclosed Special Tax Notice.  |      |                        |        |               |  |  |
|   |      |                        |        |               |  |  |
|   |      |                        |        |               |  |  |

Please Note: A copy of a VOIDED check is required for Direct Deposit requests.



| Section I – GENERAL INFORMATION   | N                       |                        |  |  |  |  |
|---|-------------------------|------------------------|--|--|--|--|
| A. PLAN NAME  |                         | B. PLAN NUMBER         |  |  |  |  |
| DC 401(a) Retirement Plan   |                         |                        |  |  |  |  |
| C. PATICIPANT NAME  |                         | D. SOCIAL SECURITY NO. |  |  |  |  |
| E. SPOUSE NAME  | F. SOCIAL SECURITY NO.  | G. DATE                |  |  |  |  |
| SECTION II – PARTICIPANT CERTIF   | ICATION (To be complete | ed by single           |  |  |  |  |
| I certify that I am single.   |                         |                        |  |  |  |  |
| PARTICIPANT SIGNATURE   |                         | DATE                   |  |  |  |  |
| SECTION III — SPOUSAL CONSENT  I understand that my spouse is requesting a distribution from the plan and that my consent may be required for this request to be honored. I waive any right I may have under the above plan to consent to or otherwise control whether my spouse makes this withdrawal from the plan while he or she continues to be covered by such plan. I understand that, with respect to any amount so |                         |                        |  |  |  |  |
| withdrawn, I will not be entitled to any plan benefit in the event of n<br>SPOUSE SIGNATURE   | y spouse's deam.        | DATE                   |  |  |  |  |
| SECTION IV — CERTIFICATION  The above consent was signed or acknowledged in my presence.  |                         |                        |  |  |  |  |
| NOTARY PUBLIC SIGNATURE   | DATE                    |                        |  |  |  |  |
|   |                         |                        |  |  |  |  |

# \*\*\* Important Note \*\*\*

Spousal Consent must be witnessed by a Notary Public. If signed or acknowledged in the presence of a Notary Public, the signature and seal of the Notary Public must appear in SECTION IV above.



# DC 401(a) RETIREMENT PLAN SPECIAL TAX NOTICE

This notice explains how you can continue to defer federal income tax on your retirement savings in the DC 401(a) Retirement Plan (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits. This notice is provided to you by ING (your "Plan Administrator") because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan). The Plan is a governmental 401(a) plan. An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions. If this is the case, you may wish instead to roll your distribution over to a traditional IRA or to split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact the DC 401(a) Retirement Plan Information Line at 1-866-772-4012

#### **SUMMARY**

There are two ways you may be able to receive a Plan payment that is eligible for rollover:

- (1) certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"), or
- (2) the payment can be PAID TO YOU.

#### If you choose a DIRECT ROLLOVER:

Your payment will not be taxed in the current year and no income tax will be withheld.

You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account because these are not traditional IRAs.

Your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

## If you choose to have a Plan payment that is eligible for rollover PAID TO YOU:

You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes. The taxable amount of your payment will be taxed in the current year unless you roll it over.

You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, <u>you must find other money to replace the 20% of the taxable portion that was withheld</u>. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

#### Your Right to Waive the 30-Day Notice Period.

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

#### MORE INFORMATION

- I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER
- II. DIRECT ROLLOVER
- III. PAYMENT PAID TO YOU
- IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

## I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. Your Plan administrator should be able to tell you whether your payment is an eligible rollover distribution.

The following types of payments <u>cannot</u> be rolled over:

<u>Payments Spread over Long Periods.</u> You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

your lifetime (or a period measured by your life expectancy), or

your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or a period of 10 years or more.

Required Minimum Payments. Beginning when you reach age 70 1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you. Unforeseeable Emergency Distributions. A distribution on account of an unforeseeable emergency cannot be rolled over.

<u>Distributions of Excess Contributions.</u> A distribution that is made because legal limits on certain contributions were exceeded cannot be rolled over.

Loans Treated as Distributions. The amount of a plan loan that becomes a taxable deemed distribution because of a default cannot be rolled over. However, a loan offset amount is eligible for rollover, as discussed in Part III below. Ask the Plan Administrator of this Plan if distribution of your loan qualifies for rollover treatment.

The Plan Administrator of this Plan should be able to tell you if your payment includes amounts, which cannot be rolled over.

#### II. DIRECT ROLLOVER

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you

choose a DIRECT ROLLOVER. This Plan might not let you choose a DIRECT ROLLOVER if your distributions for the year are less than \$200.

DIRECT ROLLOVER to a Traditional IRA. You can open a traditional IRA to receive the direct rollover. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

<u>DIRECT ROLLOVER to a Plan.</u> If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

<u>DIRECT ROLLOVER of a Series of Payments.</u> If you receive a payment that can be rolled over to a traditional IRA or an eligible employer plan that will accept it, and it is paid in a series of payments for less than 10 years, your choice to make or not make a DIRECT ROLLOVER for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

Change in Tax Treatment Resulting from a DIRECT ROLLOVER. The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan. See the sections below entitled "Additional 10% Tax May Apply to Certain Distributions."

#### III. PAYMENT PAID TO YOU

If your payment can be rolled over (see Part I above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

## **Income Tax Withholding:**

Mandatory Withholding. If any portion of your payment can be rolled over under Part I above and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below) you must report the full \$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

<u>Voluntary Withholding.</u> If any portion of your payment is taxable but cannot be rolled over under Part I above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information. <u>Sixty-Day Rollover Option.</u> If you receive a payment that can be rolled over under Part I above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan

within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: Your payment that can be rolled over under Part I above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld. If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

#### Additional 10% Tax May Apply to Certain Distributions.

Exceptions to the additional 10% tax generally include (1) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (2) payments that are paid from an eligible employer plan after you separate from service with your employer during or after the year you reach age 55, (3) payments that are paid because you retire due to disability, (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that are paid to an alternate payee under a qualified domestic relations order, or (6) payments that do not exceed the amount of your deductible medical expenses. These exceptions may be different for distributions from a traditional IRA. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax does not apply to distributions from any governmental 457 plan, except to the extent the distribution is attributable to an amount you rolled over to the governmental 457 plan (adjusted for investment returns) from another type of eligible employer plan or IRA.

# IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation. If you are a surviving spouse or an alternate payee, you may choose to have a payment that can be rolled over, as described in Part I above paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee. If you are a beneficiary other than a surviving spouse or an alternate payee, you cannot choose a direct rollover, and you cannot roll over the payment yourself. If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59 1/2.

#### HOW TO OBTAIN ADDITIONAL INFORMATION

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the Plan Administrator or a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov, or by calling 1-800-TAX-FORMS.